



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: EAGLE HIGHLANDS SURGERY CENTER, L.L.C.

Street Address: 6850 Parkdale Place

City: Indianapolis

County: Marion

Administrator Name: E. DeAnn Gulley

Administrator Email: egulley@iuhealth.org

ASC Web Address: na

Fiscal Year: 2017

Accredited: Yes No

Name of Accrediting Body: AAAHC

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	4
Number of procedure rooms	2

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	5285	6954
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
45380	730	
66984	399	
G0121	394	
45378	337	
62323	209	
64483	186	
45385	177	

29827	176
69436	151
43239	148

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	1
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